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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number IOM-P052	
		First Named Inventor Plummer et al.	
<i>COMPLETE IF KNOWN</i>			
		Application Number 10/708,432	
		Filing Date March 3, 2004	
		Art Unit 	
		Examiner Name 	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED BUFFER GEL FOR IONTOPHORESIS ELECTRODES

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on
(MM/DD/YYYY)

03/03/2004

as United States Application Number or PCT International

Application Number 10/708,432 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

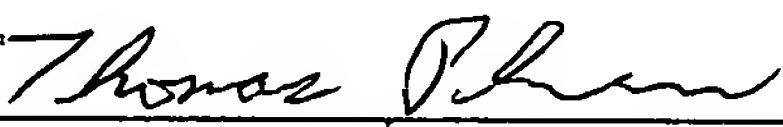
[Page 1 of 2)

[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION – Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/>	Customer Number:	22876	<input type="checkbox"/> OR <input type="checkbox"/>	Correspondence address below						
<p>Name Jody L. Factor</p> <p>Address 1327 W. Washington Blvd., Suite 5G/H</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City Chicago</td> <td style="width: 33%;">State IL</td> <td style="width: 33%;">ZIP 60607</td> </tr> <tr> <td>Country USA</td> <td>Telephone (312) 226-1818</td> <td>Fax (312) 226-1919</td> </tr> </table>						City Chicago	State IL	ZIP 60607	Country USA	Telephone (312) 226-1818	Fax (312) 226-1919
City Chicago	State IL	ZIP 60607									
Country USA	Telephone (312) 226-1818	Fax (312) 226-1919									
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>											
<p>NAME OF SOLE OR FIRST INVENTOR:</p>		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
<p>Given Name (first and middle [if any]) Thomas</p>			<p>Family Name or Surname Plummer</p>								
<p>Inventor's Signature </p>				<p>Date 6/15/04</p>							
Residence: City Salt Lake City	State Utah	Country USA	Citizenship US								
<p>Mailing Address 3465 Tree Farm Ln.</p>											
City Salt Lake City	State Utah	ZIP 84121	Country USA								
<p>NAME OF SECOND INVENTOR:</p>		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
<p>Given Name (first and middle [if any]) Malgorzata</p>			<p>Family Name or Surname Szlek</p>								
<p>Inventor's Signature</p>					Date						
Residence: City Salt Lake City	State Utah	Country USA	Citizenship PL								
<p>Mailing Address 3660 Carolyn Street</p>											
City Salt Lake City	State Utah	ZIP 84106	Country USA								
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.											

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: Customer Number: **22876** OR Correspondence address below

Name
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Country USA	Telephone (312) 226-1818	Fax (312) 226-1919
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Thomas	Family Name or Surname Plummer
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Inventor's Signature	Date
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Residence: City Salt Lake City	State Utah	Country USA	Citizenship US
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Mailing Address
3465 Tree Farm Ln.

City Salt Lake City	State Utah	ZIP 84121	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
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Given Name (first and middle [if any]) Malgorzata	Family Name or Surname Szlek
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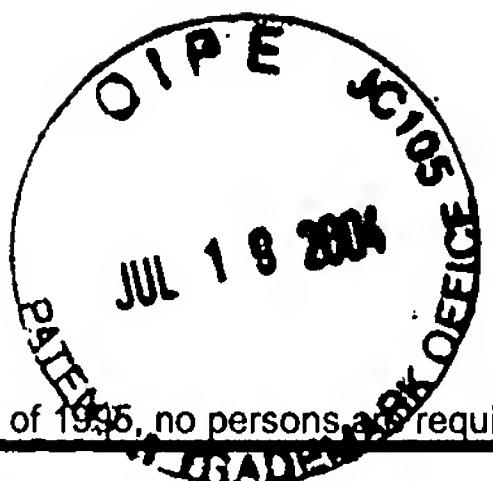
Inventor's Signature	Date
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Residence: City Salt Lake City	State Utah	Country USA	Citizenship PL
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Mailing Address
3660 Carolyn Street

City Salt Lake City	State Utah	ZIP 84106	Country USA
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Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

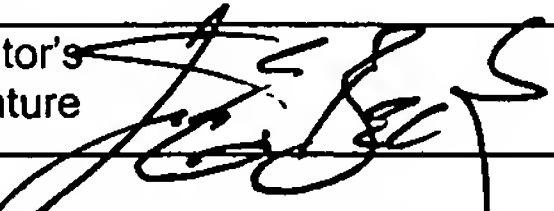


PTO/SB/02A (08-03)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet	
Page <u>1</u> of <u>1</u>		

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jon E.		Beck	
Inventor's Signature 		Date <u>6/30/04</u>	
Residence: City	Salt Lake City	State	Utah
Country	USA	Citizenship	US
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Mailing Address			
City Salt Lake City	State Utah	Zip 84109	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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